

PUBLIC HEALTH REPORT

MALCOLM H. MERRILL, M.D., M.P.H.
Director, State Department of Public Health

WITHIN THE NEXT FEW DAYS the department will reactivate its Ad Hoc Advisory Committee on the Prophylaxis of Poliomyelitis in anticipation of the licensing of the live virus vaccine for use in this country. The committee was disbanded in February, 1959, after five years of arduous duty.

The Surgeon General in August announced that research and development work on the live virus vaccine had advanced to the point at which the U. S. Public Health Service considered it desirable to license the product for manufacture in the United States.

He reported that recommendations regarding dosage and mode and frequency of administration will be available shortly. It is not anticipated that large amounts of the vaccine will be available for use before mid-1961.

The Surgeon General's advisory committee pointed out the need for planned use of live vaccine and commented, "It appears probable that only a unified national program which utilizes each of the available types of vaccine to its best advantage can accomplish the total prevention of outbreaks."

The advisory group further said the live virus vaccine will be more appropriate for use on a community, rather than on an individual, basis. For the time being there will be a need for both the live and killed poliomyelitis virus vaccine.

Since the first of the year a total of 268 cases of paralytic poliomyelitis have been reported in California, which stresses the importance of continuing with full intensity the present immunization programs using killed Salk vaccine.

Detailed case histories have been received so far on 232 cases. More than 80 per cent of the patients were inadequately vaccinated. Fifteen per cent had received three doses and 4.3 per cent had received four or more doses. These proportions follow closely those found by the U. S. Communicable Disease Center in its analysis of nationwide data.

Immunization against influenza was recommended by the State Board of Public Health for Californians over the age of 65, for pregnant women, and for persons of all ages who have chronic debilitating diseases.

During the first quarter of this year more than 37,000 deaths from all causes were recorded in the state, approximately 3,000 more deaths than were expected on the basis of experience of previous years. Almost 90 per cent of these 3,000 "excess" deaths were in persons over the age of 65. About 1,000 of these deaths were directly due to influenza and pneumonia, and undoubtedly these two diseases were contributing factors in many of the other causes of deaths.

The board action followed similar recommendations from the U. S. Public Health Service, which stated recently that experience with excess mortality during the three most recent waves of influenza indicates the desirability of routine annual immunization for populations of particular risk.

In the past, influenza immunization programs have tended to be intermittent, predominately in response to public concern before and during epidemic periods. Such epidemics tend to recur in unpredictable cycles, but an endemic incidence occurs continually.

Influenza may not be more likely to attack persons in the groups specified above, but in these persons it is more likely to be a threat to life. For these reasons immunization of the specified high risk groups is recommended to begin now and to be continued annually, regardless of the predicted incidence of influenza for a particular year.

The State Board of Public Health in its recent Berkeley meeting also adopted regulations pertaining to the sanitation, healthfulness and safety of public swimming pools.